

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147800015		CITY OR TOWN	WILLIAMSTOWN
APPLICATION FOR RENEWAL	L: Seasonal	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: WILLIAM DOING BUSINESS A WILLIAM			
ADDRESS 1000 MAIN STREET	•		
CITY/TOWN: WILLIAMSTOW	VN STATE: MA	ZIP CODE:	01267
MANAGER: Lapidus, Ira S.	TYPE OF LICENSE:Geo	neral on CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED			
WINE AND MALT TO BE SOLD IN STAGE AND OTHER STAGE, EAC EXIT ON MAIN STREET.			
I hereby certify and swear under p	enalties of perjury that:		
1. the renewed license wi	ll be of the same type for the	same premises now	licensed;
2. the licensee has compl	ied with all laws of the Comr	nonwealth relating to	taxes; and
3. the premises are now of	open for business (If not explain	ain below)	
SIGNED BY: Individual,	Partner or Authorized Corpo	orate Officer	
DATE: TELL	EPHONE NUMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certifof 2010.	ding inspector and the head	d of the fire departi	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 147800016		CITY OR TOWN	WILLIAMSTOWN
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	TACONIC GOLF (CLUB, INC.		
ADDRESS 19 MEA	CHAM ST.			
CITY/TOWN: WI	LLIAMSTOWN	STATE: MA	ZIP CODE:	01267
	NALES, TYP	PE OF LICENSE:Clul	C.F.	ATEGORY: All Alcohol
EMAIL ADDRESS:	:			
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
TWO FLOORS AND	BASEMENT; ENTRAN	ICE AND EXITS	MAIN FLOO	OR.
2. the licens	wed license will be of to see has complied with ises are now open for	all laws of the Comm	nonwealth relating to	
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	E NUMBER:		LIDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building ins	spector and the head	of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	147800067		CITY OR TOW	N WILLIAM	STOWN
APPLICATION FOR	RENEWAL:	Seasonal	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	STERLING & FRAN	CINE CLARK A	ART INSTITUTE		
DOING BUSINESS A	CLARK ART INST	ITUTE			
ADDRESS 225 SOUT	H STREET				
CITY/TOWN: WILL	IAMSTOWN	STATE: MA	ZIP CODE:	01267	
MANAGER: Wilkin	son, Steven L. TYPE	OF LICENSE:R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF LI	EASE ALSO VISIT OUR WEBS		EMAIL ADDRESS		_
2. the licensee	l license will be of the has complied with al s are now open for bu	l laws of the Cor	nmonwealth relatin		
SIGNED BY:	Individual, Partner or	Authorized Cor	porate Officer		
DATE:	TELEPHONE 1	NUMBER:		YER IDENTIFICAT	
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building inspe	ector and the he	ad of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					

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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: Season	nal LICENSED FOR 2013
CLAS	SS YEAR
LICENSEE NAME: WILLIAMSTOWN THEATRE F	FOUNDATION
DOING BUSINESS A WILLIAMSTOWN THEATRE	FESTIVAL- CABARET
ADDRESS 863 MAIN STREET	
CITY/TOWN: WILLIAMSTOWN STATE:	MA ZIP CODE: 01267
MANAGER: LAPIDUS, IRA S. TYPE OF LICENS	SE:General on CATEGORY: All Alcohol premise
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
2667 SQ FT ROOM ON FIRST FLOOR KNOWN AS THE G FACING MAIN STREET AND ONE DOOR EACH ON EAS	
I hereby certify and swear under penalties of perjury that	t:
1. the renewed license will be of the same type if	for the same premises now licensed;
2. the licensee has complied with all laws of the	e Commonwealth relating to taxes; and
3. the premises are now open for business (If no	ot explain below)
SIGNED BY:	
SIGNED BY: Individual, Partner or Authorized	Corporate Officer
	Corporate Officer
Individual, Partner or Authorized	Corporate Officer
	EMPLOYER IDENTIFICATION NUMBER:
Individual, Partner or Authorized	
Individual, Partner or Authorized	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and th named license and (2) the certificate of liquor liabilit of 2010. Please Check Below:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above
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